

## DPH – WIC User Authorization Request for eReports

I HEREBY AUTHORIZE THAT: \_\_\_\_\_ WITH USER ID: \_\_\_\_\_  
(Name of Employee) (KY Number)

Employee Telephone Number : ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address : \_\_\_\_\_

☐ BE GRANTED ACCESS TO THE WIC ELECTRONIC REPORTS FOR THE INDICATED SITE(s):

County/District/HID: \_\_\_\_\_

WIC Site

#'s/Site

Name: \_\_\_\_\_

Note : **Employee will only be granted access to the sites listed above.**

I understand that the proper disposition of the information retrieved, viewed or entered lies with the authorized person and the Local Health Department.

Authorized Printed Name (@HD) \_\_\_\_\_

Authorized Signature (@HD): \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Authorized Signature (@WIC) \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Please fax completed forms to **Fran Hawkins** @ fax 502-564-8389*

### For CDP/State Agency Use Only

Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

User Name Assigned: \_\_\_\_\_ By: \_\_\_\_\_